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Junior Kemrai	(Depositor's name)
Munior Kennas	(Signature)
April 26, 2007	(Date)

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 09/390,554
 09/03/1999
 DANILO PAU
 98AG07053137
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TITLE OF INVENTION: METHOD AND SCALABLE ARCHITECTURE FOR PARALLEL CALCULATION OF THE DCT OF BLOCKS OF PIXELS OF DIFFERENT SIZES AND COMPRESSION THROUGH FRACTAL CODING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	04\$96/2097 TI	BESHAH2 \$1400119 09	39855 4 ^{05/21/2007}	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	01 FC:1501		1400.00 CP	
PHILIPPE, GIMS S 2621			375-240200	•			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TO. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2. ALLEN, DYER, DOPPELT, MILBRATH registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data twill appear on the patent. If an assignce is identified below, the document has been filed for				
recordation as set for (A) NAME OF ASSI	th in 37 CFR 3.11. Com	pletion of this form is NO	T a substitute for filing an	assignment.		ument has been filed for	
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4a. The following fce(s) are submitted: Substantial State of Stat			#b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number Dr → 04.84 (enclose an extra copy of this form).				
a. Applicant claim	itus (from status indicate ns SMALL ENTITY state	us. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL EN	TITY status. See 37 CFR	1.27(g)(2).	
			d from anyone other than the Office.				

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